

Abstract 132**Health Belief Profiles and Nonadherence to Oral Anticancer Medication in Cancer Survivors: A Latent Profile Analysis**Meng-Jung Wen^{1,*}, Olayinka Shiyabola¹¹ Division of Social and Administrative Sciences, University of Wisconsin-Madison School of Pharmacy

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Background: Nonadherence to oral anticancer medications (OAMs) is a widespread issue affecting half of cancer survivors. Suboptimal adherence leads to early relapse, premature death and higher health expenditures. Individual patient-related factors, notably disease and medication beliefs, is one of the most crucial and potentially modifiable targets that have not been thoroughly studied. Prior research shows that cancer survivors perceive more uncertainty about the efficacy and toxicity tolerance of their treatment, which contributes to non-adherence to OAMs. Therefore, categorizing cancer survivors based on similar patterns of thinking regarding their beliefs about cancer and OAMs can help identify behavioral targets to intervene on.

Methods: A cross-sectional survey measuring cancer survivors' health beliefs, including beliefs about cancer and OAMs, as well as medication adherence will be administered and collected through an online crowdsourcing panel. Latent profile analysis, a person-centered modeling approach, will be conducted to categorize cancer survivors into latent subgroups based on their distinct health beliefs using Mplus Version 8.10. Hierarchical multiple linear regression will be performed to examine the associations between these latent subgroups and adherence to OAMs.

Results: This research-in-progress project will be completed by June 2024. We expect to collect 250 samples and construct a three-profile model, including individuals who hold accepting, skeptical and ambivalent beliefs. Each latent profile will exhibit distinct clinical, behavioral, and psychosocial characteristics. Specific health beliefs domains and patient characteristics may be identified as contributing factors to nonadherence within health belief subgroups.

Conclusions: Utilizing latent profile analysis to identify the types and prevalence of health belief subgroups can offer an alternative way to specify negative beliefs contributing to medication nonadherence among cancer survivors. Future investigations into the underlying mechanism between negative beliefs and non-adherence can lead to tailored interventions based on clusters of cancer survivors at higher risks of medication nonadherence.

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Abstract 153**Caregivers' roles in medication use behaviour of people with schizophrenia: a qualitative study**Noor Cahaya^{1,2}, Susi Ari Kristina³, Anna Wahyuni Widayanti^{3,*}, James Green⁴

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Background: Caregivers play a major role in schizophrenia treatment. The purpose of this study was to explore the role of caregivers in the medication use behaviour of people with schizophrenia in the Indonesian cultural context.

Methods: The study applied qualitative design with in-depth interviews, which were conducted in the Southern areas of Borneo, Indonesia. The study participants were eleven people with schizophrenia and their caregivers.

Results: The role of caregivers were crucial in medication use behaviour of people with schizophrenia. Some caregivers reminded the people with schizophrenia to take medications. Some other caregivers did more than reminding them, they also supervised them directly when taking the medications.

Therefore, knowledge and belief of the caregivers about medications for people with schizophrenia affected their adherence to medications. Factors from the patients itself may also influenced their behaviours in taking medications. These included the experience of relapse and the experiences of side effects from the medication. Patients who often experienced relapse tended to more adhere, and those who experienced side effects tended to minimise or skip the dose.

Conclusions: Interventions to improve adherence to medication in people with schizophrenia need to include their daily caregivers. Education about medications and their importance of taking schizophrenia medication regularly need to be provided to the patients and their caregivers to recover and avoid recurrence.

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Abstract 184**The RESPECT-brochure: a tool to inform and empower residents and informal caregivers on the medicines' pathway in nursing homes**Amber Damiaens¹, Ann Van Hecke^{2,3}, Veerle Foulon^{1,*}

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Background: The involvement of nursing home residents (NHRs) and informal caregivers in the medicines' pathway in nursing homes remains unstructured and limited. An important barrier thereto is the lack of knowledge among NHRs and informal caregivers regarding the content of the medicines' pathway. This study aimed to develop a tool to 1) inform NHRs and informal caregivers about the medicines' pathway and to 2) empower them to take up their role therein.

Methods: Feedback on the tool's text, drafted by the research team, was collected from a professional organization. The lay-out was designed by an illustrator. The tool was pilot tested as a conversation starter to inform NHRs and/or their informal caregivers on the processes of the medicines' pathway, and to encourage them to take up their role therein. Evaluation of the tool was performed through semi-structured interviews, focus groups and document analysis.

Results: The tool was developed as a square 'double gate fold' brochure and was entitled the RESPECT-brochure. The RESPECT-brochure was pilot tested in 13 nursing homes. A total of 23 conversations with 14 NHRs and 9 informal caregivers was reported. Results showed that the tool was well perceived among residents and informal caregivers and offered opportunities to discuss medication-related questions and concerns. Nevertheless, skills of healthcare professionals to tailor the conversation, especially given the increasing number of residents with dementia, were needed. Also, a matching nursing home vision on resident participation, and the presence of a local champion committed to the tool's implementation were identified as success factors for the tool's uptake.

Conclusions: An informative and empowering tool on the medicines' pathway has been successfully developed and pilot tested in nursing homes. The tool is the first in its kind and grants nursing home staff a new strategy to promote person-centered care.

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Abstract 141**Deprescribing and Medication Appropriateness: Addressing Health Equity for Indigenous Peoples in Canada**Jennie Herbin¹, Larry Leung², Jason Min², Amber Ruben³, Wade Thompson⁴, Emily G. McDonald^{5,6,7}, James L. Silvius⁸, Cheryl A. Sadowski^{3,*}

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Background: The Canadian Medication Appropriateness and Deprescribing Network (CADEn) has been working to enhance the safety and appropriateness of medication use by educating the public, healthcare professionals, and decision-makers. Recognizing the urgency of addressing health disparities in Indigenous communities, in 2023 CADEn prioritized its commitment to Indigenous partnerships and organizational change by acknowledging its shortcomings in this domain.

Methods: A dedicated working group was established to craft a comprehensive report addressing the network's historical context, identifying gaps specifically in Indigenous community engagement, articulating goals and vision, and outlining a 5-year action plan. Emphasizing humility, learning, and relationship building, the plan seeks to foster a culturally safe approach to partnering with Indigenous communities in research and actions that reflect their priorities around medication appropriateness, and give power to Indigenous ways of knowing and doing.

Results: Challenges in the process include determining focal points for outreach among the diverse Indigenous communities, and balancing the need to develop a pan-Indigenous approach while still honoring unique Indigenous community needs and priorities related to medication appropriateness. A meeting grant was prepared to bring together representatives from multiple First Nation communities to discuss medication appropriateness and harm in light of historical wrongs and current policies that often lead to discrimination. Overcoming these challenges, a body of Indigenous-owned testimonials will be compiled through active listening and engagement, shedding light on appropriate medication use in Indigenous communities.

Conclusions: A relational approach to decolonization and Indigenization is necessary to address long-standing inequities in health of First Nation communities in Canada.

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Abstract 106

Exploring volunteer pharmacists' experiences in responding to 2023 Türkiye earthquakes: A qualitative phenomenological study

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Background: Pharmacists are vital in disaster response efforts, dispensing essential medications, managing pharmacy services, consulting, and educating survivors regarding their medications. Their contributions, however, are often underrepresented in scientific literature. This study aimed to explore the experiences of pharmacists who provided volunteer services to meet the pharmaceutical needs of the survivors after two major earthquakes in Türkiye in 2023. **Methods:** This study adopted a phenomenological approach. Data were collected using semi-structured interviews. Purposive sampling was used to invite volunteer pharmacists provided pharmaceutical care services to survivors. Interview transcripts were analyzed following an inductive, reflexive thematic analysis.

Results: In total, 15 pharmacists were interviewed. Four main overarching themes “response to the earthquake”, “preparedness for the earthquake”, “experiences during service delivery” and “mental and physical experiences” were developed.

Conclusions: From participants' experiences, it is essential to expand the clinical responsibilities of pharmacists and train them in providing wound care, administering immunization, and prescribing. Pharmacists should be integrated as essential members of disaster health teams. International health organizations, non-governmental organizations, and governments are encouraged to work collaboratively and develop disaster management plans including pharmacists in early responders. This might help mitigate the deficiencies and overcome challenges in healthcare systems to provide effective patient-centered care by health

professionals and respond effectively to disasters.

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Abstract 119

Antipsychotic Prescribing in Ireland: knowledge, attitudes and beliefs of healthcare professionals.

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Background: Antipsychotic medications are clinically effective in managing and treating chronic mental health conditions including psychosis. The side effects of antipsychotics, and specifically, antipsychotic induced weight gain (AIWG) can pose challenges for clinicians and patients and lead to non-adherence and potentially poorer outcomes. Our objective was to investigate the knowledge, attitudes, and beliefs of Healthcare professionals (HCPs) on antipsychotic prescribing in Ireland.

Methods: Participants who have worked/ currently work as a healthcare professional (nurse, doctor, pharmacist) and have had experiences of working with patients being treated with antipsychotic medication were included. Semi-structured interviews were conducted with HCPs using Microsoft Teams from November to December 2023 and were analysed using thematic analysis. Ethical approval to conduct this study was granted by the Social Research Ethics Committee (SREC) at University College Cork (UCC).

Results: Five HCPs (three psychiatrists, two nurses) with an average of 13.6 years experience (range 3-25 years) and a mixture of urban, rural, acute and community settings participated. Two major themes; adherence and decision-making emerged. Sub themes included health literacy, role of gender, and the multidisciplinary team. HCPs described their knowledge of the medication as it related to its effectiveness and seeing the success in ameliorating the positive symptoms of psychosis and contrasted this to the physical health risks, including but not limited to AIWG. HCPs reported on the advantages of a holistic approach to antipsychotic prescribing and valued the input of the multidisciplinary team members.

Conclusions: Antipsychotic prescribing in Ireland is largely initiated by Consultant psychiatrists however the follow up management for many patients is the community setting. Multidisciplinary teams including endocrinologists, pharmacists, in addition to social care professionals, working together for an optimal outcome for the patients mental and physical health would likely lead to more tailored and patient-centered management and care.

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Abstract 130

Exploring Vaccine Hesitancy and Role of Pharmacists as Vaccine Advocates in Rural Wyoming

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Background: Vaccine hesitancy poses a significant challenge to public health, especially in rural areas where misinformation and limited access to healthcare exacerbate the issue. Addressing the multifaceted nature of vaccine hesitancy requires a comprehensive understanding of the underlying beliefs and attitudes that influence health behaviors. This study sought to explore the sociocultural and behavioral factors that contribute to vaccine hesitancy in rural populations, using the Health Belief Model (HBM) as a theoretical framework. This study will serve as a framework for devising an evidence-based, tailored Motivational Interviewing (MI) training program for pharmacists to help increase vaccine confidence in rural populations.